

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: YES

Computer Readable Form (CRF)?:: YES

Number of copies of CRF:: 1

Title:: DIAGNOSTICS AND THERAPEUTICS FOR

DISEASES ASSOCIATED WITH PLASMA

GLUTAMATE CARBOXYPEPTIDASE (PGCP)

Attorney Docket Number:: 004974.01209

Request for Early Publication?:: NO

Request for Non-Publication?:: NO

Suggested Drawing Figure:: 0

Total Drawing Sheets:: 3

Small Entity?::

Latin name::

Variety denomination name::

Petition included?::

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: NO

Applicant Information

Name Suffix::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: DE

Status:: Full Capacity

Given Name:: Stefan

Middle Name::

Family Name:: GOLZ

City of Residence:: Essen

State or Province of Residence::

Country of Residence:: DE

Street of mailing address:: Buckmannsmuhle 46

City of mailing address:: Essen

State or Province of mailing address::

Country of mailing address:: DE

Postal or Zip Code of mailing address:: 45326

Applicant Authority Type:: Inventor

Primary Citizenship Country:: DE

Status:: Full Capacity

Given Name:: Ulf

Middle Name::

Family Name:: BRÜGGEMEIER

Name Suffix::

City of Residence:: Leichlingen

State or Province of Residence::

Country of Residence:: DE

Street of mailing address:: Leysiefen 20

City of mailing address:: Leichlingen

State or Province of mailing address:: Country of mailing address:: DE Postal or Zip Code of mailing address:: 42799 **Applicant Authority Type:: Inventor Primary Citizenship Country::** DE Status:: **Full Capacity** Given Name:: Andreas Middle Name:: Family Name:: **GEERTS** Name Suffix:: City of Residence:: Wuppertal State or Province of Residence:: Country of Residence:: DE Street of mailing address:: Schuckertstr 29 City of mailing address:: Wuppertal State or Province of mailing address:: Country of mailing address:: DE Postal or Zip Code of mailing address:: 42113 **Applicant Authority Type::** Inventor Primary Citizenship Country:: DE Status:: **Full Capacity** Given Name:: Holger Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

SUMMER

Wuppertal

Country of Residence::	DE
Country of Residence::	D

Street of mailing address:: Katernberger Schulweg 3

City of mailing address:: Wuppertal

State or Province of mailing address::

Country of mailing address:: DE

Postal or Zip Code of mailing address:: 42113

Correspondence Information

Correspondence Customer Number:: 22907

Representative Information

Representative Customer Number:: 22907

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/EP2005/000611	22 January 2005

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
EUROPE	04002288.1	3 February 2004	YES
		•	

Assignee Information

Assignee name::

BAYER HEALTHCARE AG

Street of mailing address::

City of mailing address::

Leverkusen

State or Province of mailing address::

Country of mailing address::

Germany

Postal or Zip Code of mailing address::

D-51368